

**APPLICATION DATA SHEET**

**Application Information**

Application Number::

Filing Date::

Herewith

Application Type::

Utility

Subject Matter::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Yes

Computer Readable Form (CRF)?::

Yes

Number of Copies of CRF::

Title::

METHODS FOR DISEASE SCREENING

Attorney Docket Number::

EXT-055

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

1

Total Drawing Sheets::

5

Small Entity?::

No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

**Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

United States

Status::

Given Name::

Anthony

Middle Name::

P.

Family Name::

Shuber

Name Suffix::

City of Residence::

Mendon

State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 6 Parker Road  
City of Mailing Address:: Mendon  
State of Mailing Address:: MA  
Country of Mailing Address:: United States  
Zip Code of Mailing Address:: 01756

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323